

Medicare Rx Update: August 15, 2005

Provider Marketing Guidelines are final...

CMS has just issued its final Marketing Guidelines that contain important information for pharmacies and pharmacists planning to assist beneficiaries with the process of selecting a plan for the provision of their prescription drug benefits. As we have been assuring pharmacists, these guidelines encourage pharmacists to play an active role in assisting beneficiaries in an objective assessment of the beneficiary's needs and potential plan options that may meet those needs (<http://www.cms.hhs.gov/pdps/PrtDPlnMrktngGdlns.asp>). Specific Guidance about Provider Promotional activities can be found at pp. 125-130 of the Guidelines.

... With "Do's and Don'ts" for providers

The final version of the Marketing Guidelines clarifies what a pharmacist may do in assisting a beneficiary in selecting a plan, but just as important, the guidelines also provide guidance to pharmacists on activities that are prohibited. Specifically:

Providers contracted with Plans (and their subcontractors) can:

- Provide the names of plans with which they contract and/or participate
- Provide information and assistance in applying for the limited income subsidy
- Provide objective information on specific Plan formularies, based on a particular patient's medications and health care needs
- Provide objective information regarding specific plans, such as covered benefits, cost sharing, and utilization management tools
- Distribute PDP marketing materials, including enrollment application forms
- Distribute MA and/or MA-PD marketing materials, excluding enrollment application forms
- Refer their patients to other sources of information, such as the State Health Insurance Assistance Programs, Plan marketing representatives, their State Medicaid Office, local Social Security Administration Office, CMS's Web site at <http://www.medicare.gov/>, or calling 1-800-MEDICARE
- Print out and share information with patients from CMS's Web site
- Use comparative marketing materials comparing plan information created by a non-Benefit/service providing third-party (See section 10 under Marketing of Multiple Lines of Business, Non-Benefit/Service-Providing Third Party Marketing Materials)

Providers contracted with Plans (and their contractors) cannot:

- Direct, urge, or attempt to persuade, any prospective enrollee to enroll in a particular Plan or to insure with a particular company based on financial or any other interest of the provider (or subcontractor)
- Collect enrollment applications
- Offer inducements to persuade beneficiaries to enroll in a particular plan or organization
- Health screen when distributing information to patients, as health screening is a prohibited marketing activity
- Offer anything of value to induce Plan enrollees to select them as their provider
- Expect compensation in consideration for the enrollment of a beneficiary
- Expect compensation directly or indirectly from the Plan for beneficiary enrollment activities

Striking the right balance...

These guidelines are designed to guide providers in assisting beneficiaries with plan selection, while at the same time ensuring that provider assistance results in plan selection that is always in the best interests of the beneficiary. The guidelines should not unduly burden the pharmacists' communication with their patients about which plans offer the most for meeting individual beneficiary needs. We believe that the Guidelines strike the right balance... but as always, we are interested in your continued feedback.

With the guidelines now final and the pharmacist's role in the enrollment process now clarified, our focus must continue to be on preparing pharmacists for the benefit implementation tasks ahead. More to come on this soon...